

## **PATENT**

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

\_September 20, 1994

METHOD FOR COMPRESSION USING REVERSIBLE EMBEDDED WAVELETS the specification of which

is attached hereto. was filed on \_\_\_\_

|                                                                                                                                                                                      | opiication Serial No<br>nd was amended on                                                                                      |                                                                      | if applicable)                                                                                                      |                                                      | <del>_</del> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| I hereby state that I have specification, including the                                                                                                                              |                                                                                                                                |                                                                      |                                                                                                                     |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
| I acknowledge the duty to defined in Title 37, Code                                                                                                                                  | to disclose all informati<br>of Federal Regulation                                                                             | ion known<br>s, Section                                              | to me to be materi<br>1.56.                                                                                         | al to pa                                             | tentability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | as      |
| I hereby claim foreign p<br>foreign application(s) for<br>below any foreign applic<br>of the application on wh                                                                       | r patent or inventor's cation for patent or inv                                                                                | certificate<br>ventor's ce                                           | listed below and h                                                                                                  | ave als                                              | o identifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ď       |
| Prior Foreign Application(s                                                                                                                                                          | ī                                                                                                                              |                                                                      |                                                                                                                     | Priori<br><u>Claim</u>                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
| (Number)                                                                                                                                                                             | (Country)                                                                                                                      | (Day/N                                                               | Month/Year Filed)                                                                                                   | Yes                                                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
| (Number)                                                                                                                                                                             | (Country)                                                                                                                      | (Day/N                                                               | fonth/Year Filed)                                                                                                   | Yes                                                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
| (Number)                                                                                                                                                                             | (Country)                                                                                                                      | (Day/N                                                               | Month/Year Filed)                                                                                                   | Yes                                                  | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
| I hereby claim the benef application(s) listed belo application is not disclos first paragraph of Title 3 all information known to Federal Regulations, Seapplication and the nation | w and, insofar as the<br>sed in the prior United<br>5, United States Code,<br>me to be material to p<br>ction 1.56 which becar | subject ma<br>States ap<br>, Section 1<br>patentabilit<br>ne availab | atter of each of the<br>plication in the mar<br>12, I acknowledge<br>y as defined in Title<br>le between the filing | claims<br>ner pro<br>the duty<br>e 37, C<br>g date o | of this<br>ovided by the<br>ovide of to the thick<br>of the thick thick the thick thick the thi | he<br>e |
| (Application Serial No.)                                                                                                                                                             | Filing Date                                                                                                                    |                                                                      | (Status patented, pending,                                                                                          | abando                                               | ned)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |
| (Application Serial No.)                                                                                                                                                             | Filing Date                                                                                                                    |                                                                      | (Status patented, pending,                                                                                          | abando                                               | ned)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |

Rev. 10/26/94 (D2) cak

Send correspondence to .

I hereby appoint Keith G. Askoff, Reg. No. 33,828; Aloysius T. C. AuYeung, Reg. No. 35,432; Bradley J. Bereznak, Reg. No. 33,474; Michael A. Bernadicou, Reg. No. 35,934; Roger W. Blakely, Jr., Reg. No. 25,831; Timothy R. Croll, Reg. No. 36,771; Daniel M. De Vos, Reg. 37,813; Scot A. Griffin, Reg. No. P38,167; Stephen D. Gross, Reg. No. 31,020; David R. Halvorson, Reg. No. 33,395; Michael D. Hartogs, Reg. No. 36,547; Brian Don Hickman, Reg. No. 35,894; George W Hoover II, Reg. No. 32,992; Paul H. Horstmann, Reg. No. 36,167; Eric S. Hyman, Reg. No. 30,139; Dag H. Johansen, Reg No. 36,172; Stephen L. King, Reg. No. 19,180; Joseph T. Lin, Reg. No. P38,225; Michael J. Mallie, Reg. No. 36,591; James D. McFarland, Reg. No. 32,544; Anthony C. Murabito, Reg. No. 35,295; Kimberley G. Nobles, Reg. No. P38,255; Ronald W. Reagin, Reg. No. 20,340; James H. Salter, Reg. No. 35,668; Robert A. Saltzberg, Reg. No. 36,910; James C. Scheller, Reg. No. 31,195; Edward W. Scott, IV, Reg. No. 36,000; Maria McCormack Sobrino, Reg. No. 31,639; Stanley W. Sokoloff, Reg. No. 25,128; Allan T. Sponseller, Reg. No. P38,318; John C. Stattler, Reg. No. 36,285; Edwin H. Taylor, Reg. No. 25,129; Lester J. Vincent, Reg. No. 31,460; Ben J. Yorks, Reg. No. 33,609; and Norman Zafman, Reg. No. 26,250; my attorneys; and William Donald Davis, Reg. No. P38,428; Thomas X. Li, Reg. No. 37,079; and Edwin A. Sloane, Reg. No. 34,728; my patent agents; of BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, with offices located at 12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025, telephone (310) 207-3800, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

BLAKELY, SOKOLOFF, TAYLOR &

Michael J. Mallie

| (Name of Attorney or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ZAFMAN, 12400 Wilshire Boulevard 7th Floor, Los Angeles, California 90025 and direct telephone calls to Michael J. Mallie , (408) 720-8598.                                                                                                                                                                                                                                                                                                                                                                   |
| (Name of Attorney or Agent)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |
| Full Name of Sole/First Inventor Ahmad Zandi                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Inventor's Signature Amay Zandi Date Nov. 22, 1994                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Residence Cupertino, California Citizenship U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| - Sandring South                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Full Name of Second/Joint Inventor <u>James D. Allen</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Inventor's Signature Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Residence Thailand Citizenship U.S.A.                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| (City, State) (Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Post Office Address 205 Ban \ Vamphu, M.6 T. Saphanhin A. Watsingh, J. Chainat 17120 Thailand                                                                                                                                                                                                                                                                                                                                                                                                                 |

| Inventor's Signature Ehd / I                                                 | Date 22 Nov 1994                    |
|------------------------------------------------------------------------------|-------------------------------------|
| Residence <u>Sunnyvale, California</u><br>(City, State)                      | Citizenship _U.S.A. (Country)       |
| Post Office Address 1063 Morse Avenue #10-10-<br>Sunnyvale, California 94089 | 1                                   |
| Full Name of Fourth/Joint Inventor Martin Boliek                             |                                     |
| Inventor's Signature                                                         | Date 2 2 Nov 94                     |
| Residence <u>San Francisco, California</u><br>(City, State)                  | Citizenship <u>U.S.A.</u> (Country) |
| Post Office Address 127 Farrum Street San Francisco, California 941          | 31                                  |
| Full Name of Fifth/Joint Inventor                                            |                                     |
| Inventor's Signature                                                         | Date                                |
| Residence(City, State)                                                       | Citizenship(Country)                |
| Post Office Address                                                          |                                     |
| Full Name of Sixth/Joint Inventor                                            |                                     |
| Inventor's Signature                                                         | Date                                |
| Residence(City, State)                                                       | Citizenship(Country)                |
| Post Office Address                                                          |                                     |
| Full Name of Seventh/Joint Inventor                                          |                                     |
| Inventor's Signature                                                         |                                     |
| Residence(City, State)                                                       | Citizenship                         |
| (City State)                                                                 | (Country)                           |



PATENT

## DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below, next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

METHOD FOR COMPRESSION USING REVERSIBLE EMBEDDED WAVELETS the specification of which

is attached hereto.

| Applic                                                                                                                                                                                                                                    | led onSeptem<br>ation Serial No.<br>/as amended on _                                         | 08/3                                                   |                                                                                                      |                                                                   | as<br><br>                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|---------------------------------------------------|
| hereby state that I have rev<br>specification, including the cla                                                                                                                                                                          | iewed and understa<br>aim(s), as amended                                                     | nd the d                                               | contents of the abo                                                                                  | ove-identificed to abo                                            | lied<br>ove.                                      |
| acknowledge the duty to dis<br>defined in Title 37, Code of F                                                                                                                                                                             | sclose all information<br>ederal Regulations,                                                | n knowr<br>Sectior                                     | to me to be mate<br>1 1.56.                                                                          | erial to pa                                                       | tentability as                                    |
| hereby claim foreign priority<br>oreign application(s) for pat<br>below any foreign application<br>of the application on which                                                                                                            | ent or inventor's ce<br>n for patent or inver                                                | ertificate                                             | listed below and                                                                                     | have als                                                          | o identified                                      |
| Prior Foreign Application(s)                                                                                                                                                                                                              |                                                                                              |                                                        |                                                                                                      | Priori<br>Claim                                                   |                                                   |
| (Number)                                                                                                                                                                                                                                  | (Country)                                                                                    | (Day/                                                  | Month/Year Filed)                                                                                    | Yes                                                               | No                                                |
| (Number)                                                                                                                                                                                                                                  | (Country)                                                                                    | (Day/                                                  | Month/Year Filed)                                                                                    | Yes                                                               | No                                                |
| (Number)                                                                                                                                                                                                                                  | (Country)                                                                                    | (Day/                                                  | Month/Year Filed)                                                                                    | Yes                                                               | No                                                |
| hereby claim the benefit und<br>application(s) listed below an<br>application is not disclosed in<br>irst paragraph of Title 35, Un-<br>all information known to me to<br>Federal Regulations, Section<br>application and the national of | d, insofar as the sunthe prior United States Code, Sto be material to pare 1.56 which became | ibject m<br>tates ap<br>ection<br>tentabili<br>availat | atter of each of the plication in the mail 12, I acknowledge to as defined in Tole between the file. | ne claims<br>anner pro<br>e the duty<br>itle 37, Co<br>ing date c | of this<br>evided by the<br>to disclose<br>ode of |
| (Application Serial No.)                                                                                                                                                                                                                  | Filing Date                                                                                  | <del></del> .                                          | (Status patente<br>pendinç                                                                           | d,<br>g, abandoi                                                  | ned)                                              |
| (Application Serial No.)                                                                                                                                                                                                                  | Filing Date                                                                                  | <del></del> .                                          | (Status patente<br>pending                                                                           | d,<br>g, abandoi                                                  | ned)                                              |

Send correspondence to \_\_\_Michael J. Mallie

I hereby appoint Keith G. Askoff, Reg. No. 33,828; Aloysius T. C. AuYeung, Reg. No. 35,432; Bradley J. Bereznak, Reg. No. 33,474; Michael A. Bernadicou, Reg. No. 35,934; Roger W. Blakely, Jr., Reg. No. 25,831; Timothy R. Croll, Reg. No. 36,771; Daniel M. De Vos, Reg. 37,813; Scot A. Griffin, Reg. No. P38,167; Stephen D. Gross, Reg. No. 31,020; David R. Halvorson, Reg. No. 33,395; Michael D. Hartogs, Reg. No. 36,547; Brian Don Hickman, Reg. No. 35,894; George W Hoover II, Reg. No. 32,992; Paul H. Horstmann, Reg. No. 36,167; Eric S. Hyman, Reg. No. 30,139; Dag H. Johansen, Reg No. 36,172; Stephen L. King, Reg. No. 19,180; Joseph T. Lin, Reg. No. P38,225; Michael J. Mallie, Reg. No. 36,591; James D. McFarland, Reg. No. 32,544; Anthony C. Murabito, Reg. No. 35,295; Kimberley G. Nobles, Reg. No. P38,255; Ronald W. Reagin, Reg. No. 20,340; James H. Salter, Reg. No. 35,668; Robert A. Saltzberg, Reg. No. 36,910; James C. Scheller, Reg. No. 31,195; Edward W. Scott, IV, Reg. No. 36,000; Maria McCormack Sobrino, Reg. No. 31,639; Stanley W. Sokoloff, Reg. No. 25,128; Allan T. Sponseller, Reg. No. P38,318; John C. Stattler, Reg. No. 36,285; Edwin H. Taylor, Reg. No. 25,129; Lester J. Vincent, Reg. No. 31,460; Ben J. Yorks, Reg. No. 33,609; and Norman Zafman, Reg. No. 26,250; my attorneys; and William Donald Davis, Reg. No. P38,428; Thomas X. Li, Reg. No. 37,079; and Edwin A. Sloane, Reg. No. 34,728; my patent agents; of BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN, with offices located at 12400 Wilshire Boulevard, 7th Floor, Los Angeles, California 90025, telephone (310) 207-3800, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

(Name of Attorney or Agent)

, BLAKELY, SOKOLOFF, TAYLOR &

| ZAFMAN, 12400 Wilshire Boulevard 7th Floor, Los<br>telephone calls to <u>Michael J. Mallie</u><br>(Name of Attorney or Agent)                                                                                                                                                                     | Angeles, California 90025 and direct (408) 720-8598.                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
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| Full Name of Sole/First Inventor Ahmad Zandi                                                                                                                                                                                                                                                      | 7                                                                                                                          |
| Inventor's Signature                                                                                                                                                                                                                                                                              | Date                                                                                                                       |
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| Post Office Address 10791 Johnson Avenue Cupertino, California 95014                                                                                                                                                                                                                              |                                                                                                                            |
| Full Name of Second/Joint Inventor James D. Allen                                                                                                                                                                                                                                                 |                                                                                                                            |
| Inventor's Signature James Wallen                                                                                                                                                                                                                                                                 | Date <u>Dec 18, 1994</u>                                                                                                   |
| Residence Thailand                                                                                                                                                                                                                                                                                | Citizenship U.S.A.                                                                                                         |
|                                                                                                                                                                                                                                                                                                   | (Country)                                                                                                                  |
| Post Office Address 205 Ban \ Vamphu, M.6 T. Sapi                                                                                                                                                                                                                                                 | hanhin A. Watsingh, J. Chainat 17120                                                                                       |

| Inventor's Signature                                                 | Date                      |                                         |
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| Full Name of Fourth/Joint Inventor Martin Boliek                     |                           |                                         |
| Inventor's Signature                                                 | Date                      |                                         |
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| San Francisco, Samornia 54151                                        |                           |                                         |
| Full Name of Fifth/Joint Inventor                                    |                           |                                         |
| nventor's Signature                                                  | Date                      |                                         |
|                                                                      |                           |                                         |
| Residence(City, State)                                               | Citizenship               | (Country)                               |
|                                                                      |                           | • • • • • • • • • • • • • • • • • • • • |
| Post Office Address                                                  |                           |                                         |
| Full Name of Sixth/Joint Inventor                                    |                           |                                         |
| nventor's Signature                                                  |                           |                                         |
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| Residence(City, State)                                               | Citizenship               | (Country)                               |
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| Post Office Address                                                  |                           |                                         |
|                                                                      |                           |                                         |
| Full Name of Seventh/Joint Inventor                                  |                           | -                                       |
| nventor's Signature                                                  |                           |                                         |
|                                                                      | Date                      | · ·                                     |
| Posidonas                                                            | Olain an ab in            |                                         |
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| Residence(City, State)                                               |                           | (Country)                               |